



**MHS IM/IT  
Program**

# ***The Military Electronic Health Record (EHR)***

**AHLTA Update for the  
TRICARE Data Quality Training Course  
September 2006**



MHS IM/IT  
Program



# ***The Military Electronic Health Record (EHR)***

## **Objectives**

- **Provide a Brief Overview of AHLTA**
- **Describe Records Review**
- **Demonstrate the Evaluation and Management Calculator**
- **Discuss Known Issues**

# ***Military Health System IM/IT Program*** **Patient Encounter Process**



# **AHLTA Record Audit...**

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- \* **Patient Search**
- \* **Patient Select**
- \* **Previous Encounter**
- \* **Record Selection**
- \* **Compare to ADM**



My Computer



CHCSII



Standalone  
DDSA (2...)



Inbox



Microsoft  
Outlook



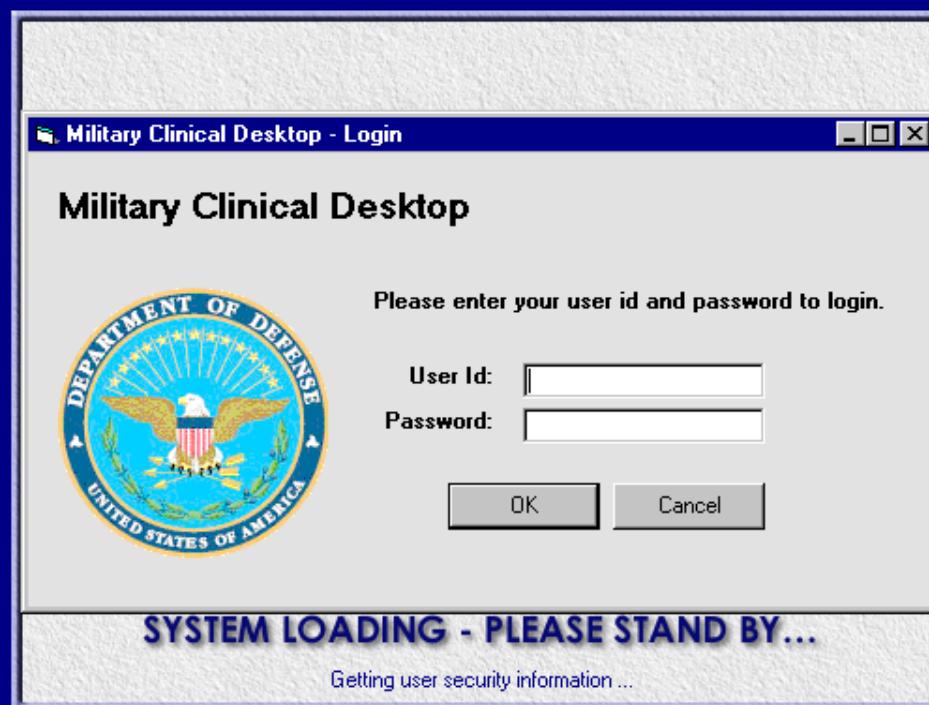
Network  
Neighborhood



Briefs



Recycle Bin





Patient Selected&gt;



Patient List

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Training Use Only

### Patient Search

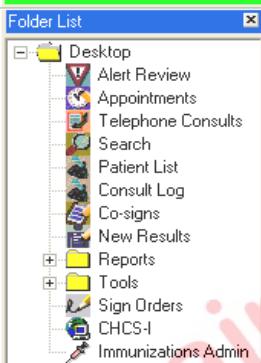
Quick Search: <input type="text"/>	SSN: <input type="text"/>	Find <input type="button" value="Find"/>
Last Name: <input type="text"/>	FMP: <input type="text"/>	New Search <input type="button" value="New Search"/>
First Name: <input type="text"/>	Sponsor SSN: <input type="text"/>	All Patients <input type="button" value="All Patients"/>
DOB: <input type="text"/>	Sex: <input type="button" value="▼"/>	Edit Patient <input type="button" value="Edit Patient"/>
UIC: <input type="text"/>	Search CHCS <input type="button" value="Search CHCS"/> Patient Details <input type="button" value="Patient Details"/>	
<input type="checkbox"/> Find only patients enrolled in this facility.		

Reminders





&lt;No Patient Selected&gt;



**Patient Search**

Quick Search: <input type="text" value="s3217"/>	SSN: <input type="text"/>	<input type="button" value="Find"/>
Last Name: <input type="text"/>	FMP: <input type="text"/>	<input type="button" value="New Search"/>
First Name: <input type="text"/>	Sponsor SSN: <input type="text"/>	<input type="button" value="All Patients"/>
DOB: <input type="text"/>	Sex: <input type="button" value="▼"/>	<input type="button" value="Edit Patient"/>
UIC: <input type="text"/>	<input type="button" value="Search CHCS"/>	<input type="button" value="Patient Details"/>

Find only patients enrolled in this facility.





No Patient Selected&gt;



**Patient Search**

Quick Search: <input type="text" value="s3217"/>	SSN: <input type="text"/>	Find <input type="button" value="Find"/>		
Last Name: <input type="text"/>	FMP: <input type="text"/>	New Search <input type="button" value="New Search"/>		
First Name: <input type="text"/>	Sponsor SSN: <input type="text"/>	All Patients <input type="button" value="All Patients"/>		
DOB: <input type="text"/>	Sex: <input type="button" value="▼"/>	Edit Patient <input type="button" value="Edit Patient"/>		
UIC: <input type="text"/>	<input type="button" value="Search CHCS"/>	<input type="button" value="Patient Details"/>		
<input type="checkbox"/> Find only patients enrolled in this facility.				
Patient Name	SSN	FMP/Sponsor SSN	DOB	Sex
SUAREZ, BONITA S	000-00-0024	40/454723217	05 Sep 1925	F
SUAREZ, EDUARDO A	454-72-3217	20/454723217	10 Sep 1960	M
SUAREZ, JOSE Q	000-00-0031	03/454723217	21 Jul 2006	M
SUAREZ, MARIA E	626-78-4433	02/454723217	20 Sep 1997	F
SUAREZ, MIGUEL E	444-34-9786	01/454723217	05 Oct 1992	M

OK Cancel

5 patients found.





SUAZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



equate Calcium Counseling



Append Narrative Amend Encounter Sign Encounter Copy Forward NewTemplate Close

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



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  - Disposition

- Reminders
- Adequate Calcium Counseling

Previous Encounters  View last four  View All

Date	Status	Primary Diagnosis	Clinic
03 Aug 2006 1740	Needs Co-Signature	HYPERLIPIDEMIA	CHCSII ITT Clinic
17 Jul 2006 1212	Complete	visit for: screening exam lipid disorders	CHCSII ITT Clinic
17 Jul 2006 1212	Complete	DIABETES MELLITUS TYPE II - UNCOMPLICATED, UNCONTROLLED	CHCSII ITT Clinic
29 Jan 2006 2120	Complete	DIABETES MELLITUS TYPE II	CHCSII ITT Clinic

Signed Encounter Documents: 17 Jul 2006 1212 signed by USER, TEST

(1 documents found)

Patient: SUAREZ, EDUARDO O	Date: 17 Jul 2006	Appt Type: WI
Facility: CHCSII ITT Facility	Clinic: CHCSII ITT Clinic	Provider: USER, TEST

AutoCites Refreshed by USER, TEST @ 17 Jul 2006 12:24**Problems**

HYPERLIPIDEMIA  
 DIABETES MELLITUS TYPE II  
 ESSENTIAL HYPERTENSION

**Allergies**

Iodine Containing Agents

Screening Written by USER, TEST @ 17 Jul 2006 12:24Appointment Reason For Visit: Med RefillAllergen information verified by USER, TEST @ 17 Jul 2006 12:24Selected Reason(s) For Visit

reason for visit: screening exam lipid disorders (New) Comments:

**Vitals**Vitals Written by USER, TEST @ 17 Jul 2006 12:24  
 BP: 120/80, HR: 80, RR: 12SO Note Written by USER, TEST @ 17 Jul 2006 12:24**Chief complaint**

The Chief Complaint is: Med refill.

**Past medical/surgical history****Diagnosis History**

Essential hypertension.  
 Hyperlipidemia.  
 Diabetes mellitus

**Subjective**

Pt is out of his chol medication. Last labs &gt;1 year old.

**Physical findings****Vital signs**

- Vital signs: (Reviewed).

AP Written by USER, TEST @ 17 Jul 2006 12:24**1. reason for visit: screening exam lipid disorders**

Comments: Schedule appt. with PCM and request PCM refill cholesterol medication to cover patient until visit.

Laboratory:	-LIPID PROFILE (Routine) Result: Result Status:
	-OCC LIVER (Routine) Result: Result Status:
	-HEMOGLOBIN A1C (Routine) Result: Result Status:

# **AHLTA E&M Calculator**

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- \* **E&M Calculator for**
  - **Free Text SF600**
  - **Structured Term SF600**

# AHLTA

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- \* Free Text SF600



SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



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Date: 07 Aug 2006 1617 EDT Status: In Progress Treatment Facility: CHCSII ITT Facility  
 Primary Provider: USER, TEST Type: ACUT\$ Clinic: CHCSII ITT Clinic  
 Patient Status: Outpatient Reason for Appointment: Ankle Sprain

AutoCite... Refreshed by USER, TEST @ 07 Aug 2006 1618 EDT

## Problems

- HYPERLIPIDEMIA
- DIABETES MELLITUS TYPE II
- ESSENTIAL HYPERTENSION

## Allergies

- Iodine Containing Agents: Rash

## Screening

Screening Written by USER, TEST @ 07 Aug 2006 1650 EDT

Reason For Appointment: Ankle Sprain

Reason(s) For Visit (Chief Complaint): ANKLE SPRAIN (New);

## Vitals

Vitals Written by USER, TEST @ 07 Aug 2006 1650 EDT

BP: 140/80, HR: 67, RR: 16, T: 100 °F, HT: 73 in, WT: 195 lbs, BMI: 25.73, BSA: 2.129 square meters, Tobacco Use: No, Alcohol Use: No, Pain Scale: 8/10 Severe, Pain Scale Comments: Right Ankle

## S/O

SO Note Written by USER, TEST @ 08 Aug 2006 0936 EDT

## Chief complaint

The Chief Complaint is: Possible ankle sprain right. Patient has a severe limp

## Subjective

Pt reported traumas to his right ankle while playing football with his children last weekend. The pain was moderate at first, then quickly became severe. He stated he is having difficulty walking. The patient has Type I Diabetes which is currently controlled. There is a paternal history of lung cancer

## Review of systems

Musculoskeletal symptoms: Ankle joint pain worse with weightbearing

## Objective

Patient is demonstrating a limp favoring his right ankle. There is some swelling with 2+ edema around his left ankle.~The patient demonstrates pain when required to move his left ankle. Pt complained of some loss of sensation in his lower left leg

## A/P

A/P Written by USER, TEST @ 07 Aug 2006 1649 EDT

## 1. ANKLE SPRAIN RIGHT

Procedure(s):	-Orthopedic Strapping Ankle x 1
Medication(s):	-TYLENOL #3(OR SUBT)--PO TAB - 1PO BID PRN #30 Gt: 30 Rt: 2
Radiology(ies):	-ANKLE, TRAUMA RT (Routine) Impression: R/O fracture

## Disposition

Disposition Written by USER, TEST @ 08 Aug 2006 0932 EDT

## Released w/o Limitations

30 minutes face-to-face/floor time..

## AddNote

## Change History

CHANGE HISTORY  
The following Vitals Entry Was Overwritten by USER, TEST @ 07 Aug 2006 1652 EDT:  
Vitals Written by USER, TEST @ 07 Aug 2006 1650 EDT

BP: 140/80, HR: 67, RR: 16, T: 100 °F, HT: 73 in, WT: 195 lbs, BMI: 25.73, BSA: 2.129 square meters, Tobacco Use: No, Alcohol Use: No, Pain Scale: 8/10 Severe, Pain Scale Comments: RIG HT Ankle

## Reminders



Adequate Calcium Counseling

Encounter 1519 SO Note was saved.

USER, TEST in CHCSII Test Clinic at CHC



SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



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Disposition

Released w/o Limitations

Encounter Context

Related to Injury/Accident? ...

Follow Up

PRN When:  For Tx:  ...

With PCM In Clinic:

Comments:

Discussed

All Items Discussed

Diagnosis  Potential Side Effects

Medication(s)/Treatment(s)  Alternatives

indicated understanding  Comments ...

Billing and Admin

Billing Chief Complaint: 845.00 - ANKLE SPRAIN RIGHT

Appt Class: Outpatient

Meets Outpt Visit Criteria (Workload)? Yes

Time Factor

>50% time spent counseling or coordinating care  Total face to face or floor time in minutes: 30

Calculated | Selection | Additional E&M Coding |

Patient Status: Established Patient Exam Type: General Multi-System

Setting: Outpatient

Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Default Calculation:  99211 - Established Outpatient Minimal Service

With User overrides:

Reminders

Adequate Calcium Counseling



Save Providers SO A/P Sign Cancel Clear All Close

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



Options

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  - Disposition

Disposition: Released w/o Limitations

Encounter Context:  Related to Injury/Accident?

Billing and Admin: Billing Chief Complaint: 845.00 - ANKLE SPRAIN RIGHT

Appt Class: Outpatient

Meets Outpt Visit Criteria (Workload)?  Y  N

Calculated | Selection | Additional

Patient Status: Established Patient

Setting: Outpatient

Service Type: Outpatient Visit

HPI ROS PFSH

1	2	1	2	3	1	2
---	---	---	---	---	---	---

Default Calculation:  99211 - Established Outpatient Minimal Service

With User overrides:

Follow Up

PRN When:  For Tx:

With PCM In Clinic:

Comments:

Discussed

All Items Discussed

Diagnosis  Potential Side Effects

Medication(s)/Treatment(s)  Alternatives

indicated understanding

Time Factor:

Details

OK Cancel Reset

Overall Risk:

Encounter findings: Musculoskeletal  
ankle joint pain worse with weightbearing

## Reminders

- Adequate Calcium Counseling



SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



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**Disposition**  
 Released w/o Limitations

**Encounter Context**  
 Related to Injury/Accident? ...

**Billing and Admin**  
**Billing Chief Complaint:** 845.00 - ANKLE SPRAIN RIGHT

**Appt Class:** Outpatient    
 Meets Outpt Visit Criteria (Workload)? Yes ?

**Follow Up**  
 PRN When  For Tx:   
 With PCM In Clinic:   
 Comments:

**Discussed**  
 All Items Discussed  
 Diagnosis  Potential Side Effects  
 Medication(s)/Treatment(s)  Alternatives  
 indicated understanding

**Time Factor**  
 >50% time spent counseling or coordinating care  Total face to face or floor time in minutes: 30

**Calculated**

**Patient Status:** Established Patient  **Exam Type:** General Multi-System

**Setting:** Outpatient

**Service Type:** Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

**Default Calculation:**  99211 - Established Outpatient Minimal Service

**With User overrides:**

Details

Encounter findings	Complexity
sprain of the right ankle	1
orthopedic strapping of the ankle	1

Reminders

- Adequate Calcium Counseling

New Go Tools Actions Help



EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



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 Disposition

**Disposition**

Released w/o Limitations

**Follow Up**

PRN When \_\_\_\_\_ For Tx: \_\_\_\_\_  
 With PCM In Clinic: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**Encounter Context**

Related to Injury/Accident? \_\_\_\_\_

**Billing and Admin**

Billing Chief Complaint: 845.00 - ANKLE SPRAIN RIGHT

Appt Class: Outpatient Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes ?

**Discussed**

All Items Discussed  
 Diagnosis  
 Medication(s)/Treatment(s)  
 Potential Side Effects  
 Alternatives  
 indicated understanding Comments ...

**Time Factor**

>50% time spent counseling or coordinating care  
 Total face to face or floor time in minutes: 30 + -

**Calculated** | **Selection** | **Additional E&M Coding**

Patient Status: Established Patient Exam Type: General Multi-System Reset

Setting: Outpatient

Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Default Calculation:  99211 - Established Outpatient Minimal Service

With User overrides:

# AHLTA

- \* Structured SF600

## ALEXANDER, MARIE D 02/2024-45-5743 17yo F FM: Col DOB:15 Jan 1989

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Date: 04 Aug 2006 0900 EDT Status: In Progress Treatment Facility: CHCSII ITT Facility  
 Primary Provider: USER, TEST Type: ACUT\$ Clinic: CHCSII ITT Clinic  
 Patient Status: Outpatient

Reason for Appointment: Ankle Sprain  
 Appointment Comments:  
 late adolescence

AutoCites Refreshed by USER, TEST @ 04 Aug 2006 1118 EDT

## Problems

- NORMAL ROUTINE HISTORY AND PHYSICAL ADOLESCENT (12 - 18)

## Allergies

- No Known Allergies

## Screening

Screening Written by USER, TEST @ 04 Aug 2006 1010 EDT

Reason For Appointment: Ankle Sprain

Reason(s) For Visit (Chief Complaint): CLOSED FRACTURE OF ANKLE RIGHT (New);

## Vitals

Vitals Written by USER, TEST @ 04 Aug 2006 1010 EDT

BP: 120/62, HR: 55, RR: 40, T: 38.5 °C, HT: 5'7", WT: 136 lbs, BMI: 21.3, BSA: 1.716 square meters, Tobacco Use: No, Alcohol Use: No, Pain Scale: 8/10 Severe, Pain Scale Comments: Right Ankle

Comments: Fell while running.

## S/D

SO Note Written by USER, TEST @ 04 Aug 2006 1012 EDT

## Chief complaint

The Chief Complaint is: Possible ankle fracture right

## History of present illness

The Patient is a 17 year old female.

- Right ankle soft tissue swelling with black and blue discoloration
- Posterior medial right ankle joint swelling

## Past medical/surgical history

## Reported History:

Physical trauma: Right ankle trauma with the ankle turned in.

## Diagnosis History:

Open fracture of the right ankle

## Therapeutic History:

Closed treatment of weight bearing distal tibial fracture

## Personal history

Behavioral history: No tobacco use

Alcohol: No consumption of alcohol

## Family history

Maternal history of:

Diabetic cataract

## Review of systems

Systemic symptoms: Previously well and no illness since last visit. Temperature of 101 F taken at home. No chills. Night sweats.

Pain can be controlled: Pain controlled by rest, pain controlled by medication, and pain controlled by changing position.

Pulmonary symptoms: No dyspnea and no cough.

Endocrine symptoms: Excessive thirst, feeling dehydrated, and generalized muscle weakness.

Skin symptoms: No skin scaling. Erythema.

Musculoskeletal symptoms: No distal right leg soft tissue swelling. No thigh pain, swelling or stiffness and no knee pain, swelling or stiffness. Ankle joint pain worse while standing, while walking, ankle joint stiffness on the right, right foot stiffness, and foot pain in the right foot.

Neurological symptoms: Limping with the right leg.

## Physical findings

## Vital signs:

Vital Signs/Measurements

Value

Oral temperature

101.4 F

RR

58 breaths/min

Systolic blood pressure in the left arm

120 mm Hg

Blood pressure

- PR.
- Pulse rate while lying down.
- Blood pressure.
- Diastolic blood pressure in the left arm.

Pain Level (0-10):

Value

Pain level at rest

5

Pain level with movement

8

## Reminders



Adequate Calcium Counseling



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Date: 04 Aug 2006 0900 EDT Status: In Progress Treatment Facility: CHCSII ITT Facility  
 Primary Provider: USER, TEST Type: ACUT\$ Clinic: CHCSII ITT Clinic  
 Patient Status: Outpatient right foot.

**Neurological symptoms:** Limping with the right leg.

**Physical findings:**

**Vital signs:**

Vital Signs/Measurements	Value
Oral temperature	101.4 F
RR	58 breaths/min
Systolic blood pressure in the left arm	120 mmHg
Blood pressure	<ul style="list-style-type: none"> <li>PR: • Pulse rate while lying down.</li> <li>Blood pressure: • Diastolic blood pressure in the left arm.</li> </ul>
Pain Level (0-10):	Value
Pain level at rest	5
Pain level with movement	8
<ul style="list-style-type: none"> <li>No orthostatic hypotension was observed.</li> </ul>	

**Standard Measurements:**

- Weight was recorded.
- Weight was within normal limits.

**General appearance:**

- Awake.
- Alert.
- Well developed.
- Well nourished.
- Well hydrated.

**Head:**

- No evidence of a head injury.

**Eyes:**

General/bilateral:

- Pupils: Normal.
- External Eye: Showed no abnormalities.
- Lens: Had no cataract.
- Retina: Normal.
- Intraocular Pressure: Normal intraocular pressure.

Right eye:

- Examined.
- Extraocular Movements: Right eye motility was normal.

Left eye:

  - Examined.
  - Extraocular Movements: Motility was normal.

**Ears:**

General/bilateral:

  - Tympanic Membrane: Both tympanic membranes were not erythematous.

**Nose:**

  - No nasal discharge seen.
  - Nasal mucosa normal.
  - Nasal turbinates normal.
  - Upper Airway: normal.

**Oral cavity:**

  - Vestibule: Oral vestibule had no mucosal abnormalities.

**Pharynx:**

  - Normal.

**Neck:**

  - Tenderness of the posterior neck.
  - Not warm.
  - Not fibrous on palpation.

**Lungs:**

  - No Kussmaul breathing was observed.

**Cardiovascular system:**

  - Arterial Pulses: Right posterior tibialis artery pulse was normal.
  - Right dorsalis pedis artery pulse was normal.

**Skin:**

  - Cyanosis of the hands and feet.
  - Of the fingers blanched with cold challenge.
  - No excoriation was seen.
  - No ulcer was seen on the metatarsal area of the right foot.
  - No ulcer was seen on the metatarsal area of the left foot.

Assessment Of Injury / Incision Site: Right ankle showed a contusion.

**Musculoskeletal system:**

**Ankle:**

  - Right ankle: Anterior swelling.
  - Swelling on the anterolateral aspect.
  - Ankle was warm.
  - Posteromedial aspect was tender on palpation.
  - Active motion was decreased.
  - Contracture.
  - Pain was elicited by active motion.
  - Pain was elicited by passive motion.
  - Pain was elicited by inversion.
  - Pain was elicited throughout the range of motion.
  - A squeeze test for stress fracture or syndesmosis pathology was positive.
  - Instability.
  - Ankle was tender on ambulation.
  - A Thompson test for achilles tendon rupture was negative.

**Foot:**

  - Right foot: Tenderness on palpation of the fifth metatarsal.

**Neurological:**

  - Sensation: No decreased response to stimulation by vibration on both legs/feet.

**Assessment:**



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Date: 04 Aug 2006 0900 EDT Status: In Progress Treatment Facility: CHCSII ITT Facility  
Primary Provider: USER, TEST Type: ACUT\$ Clinic: CHCSII ITT Clinic  
Patient Status: Outpatient

**Oral cavity:**  
Vestibule: " Oral vestibule had no mucosal abnormalities.

**Pharynx:**  
" Normal.

**Neck:**  
" Tenderness of the posterior neck. " Not warm. " Not fibrous on palpation.

**Lungs:**  
" No Kussmaul breathing was observed.

**Cardiovascular system:**  
Atrial Pulses: " Right posterior tibialis artery pulse was normal. " Right dorsalis pedis artery pulse was normal.

**Skin:**  
" Cyanosis of the hands and feet. " Of the fingers blanched with cold challenge. " No excoriation was seen. " No ulcer was seen on the metatarsal area of the right foot. " No ulcer was seen on the metatarsal area of the left foot.  
Assessment Of Injury / Incision Site: " Right ankle showed a contusion.

**Musculoskeletal system:**  
Ankle:  
Right ankle: " Anterior swelling. " Swelling on the anterolateral aspect. " Ankle was warm. " Postero medial aspect was tender on palpation. " Active motion was decreased. " Contracture. " Pain was elicited by active motion. " Pain was elicited by passive motion. " Pain was elicited by inversion. " Pain was elicited throughout the range of motion. " A squeeze test for stress fracture or syndesmosis pathology was positive. " Instability. " Ankle was tender on ambulation. " A Thompson test for achilles tendon rupture was negative.  
Foot:  
Right foot: " Tenderness on palpation of the fifth metatarsal.

**Neurological:**  
Sensation: " No decreased response to stimulation by vibration on both legs/feet.

**Assessment**

- Raynaud's disease
- Type I diabetes mellitus

**A/P**

**A/P Written by USER, TEST @ 04 Aug 2006 1424 EDT**

**1. CLOSED FRACTURE OF ANKLE**

Procedure(s)	- x 1
	- x 1
Radiology(ies)	-ANKLE, TRAUMA RT (STAT) Impression: R/O Fracture
Patient Instruction(s)	-Pain Management By Thermal Techniques

**2. DIABETES MELLITUS TYPE I**

Procedure(s)	-BLOOD GLUCOSE TEST/REAGENT STRIPS:HOME BLOOD GLUC MON PER 50 x 1
	-HOME BLOOD GLUCOSE MONITOR x 1
	-URINE TEST/REAGENT STRIPS/TABLETS (100 TABLETS OR STRIPS) x 1
Laboratory(ies)	-Diabetes Patient Education - Blood Glucose Monitor Home x 1
	-GLUCOSE AND PROTEIN, URINE (Routine)

**3. RAYNAUD'S DISEASE**

Medication(s)	-PHENYTOIN (DILANTIN)--PO 30MG CAP - 1 TAB QID Qt: 30 Rf: 3
Consult(s)	-Referred To: CONSULT (SCHEDULED) (Routine) Specialty: METABOLIC DISEASE Clinic: ENDOCRINOLOGY CLINIC Primary Diagnosis: RAYNAUD'S DISEASE
Patient Instruction(s)	-Standard Precautions Wear Gloves
	-Risk Factor Counseling: Water Temperature

**4. a fall while running**

Disposition

**Disposition Written by USER, TEST @ 04 Aug 2006 1625 EDT**

Sick at Home / Quarters - for 72 Hours

Follow up: 1 week(s) with PCM and/or in the ORTHOPEDIC clinic or sooner if there are problems.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Administrative Options: Consultation requested

30 minutes face-to-face/floor time..

Reminders

AddNote

Adequate Calcium Counseling

ACT 100%



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**Disposition**

Sick at Home / Quarters  72 Hours

**Follow Up**

PRN When 1 week(s)  For Tx:

With PCM In Clinic: ORTHOPEDIC

Comments:

**Encounter Context**

Related to Injury/Accident?

Patient Pregnant

**Billing and Admin**

Billing Chief Complaint: 824.8 - CLOSED FRACTURE OF ANKLE

Appt Class: Outpatient

Meets Outpt Visit Criteria (Workload)?

Calculated | Selection | Additional

Patient Status: Established Patient

Setting: Outpatient

Service Type: Outpatient Visit

HPI ROS PFSH

1 2 1 2 3 1 2

**Details**

Encounter findings

	Count
postero medial right ankle joint swelling	1
right ankle soft tissue swelling with black and blue discoloration	1

OK Cancel

Time Factor: 80

Reset

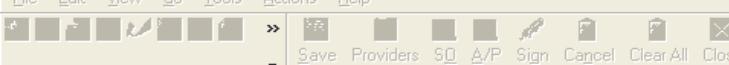
Overall Risk: 4 1 2 3 4

Default Calculation:  99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision

With User overrides:

## Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling



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NKA Options

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Disposition

Sick at Home / Quarters  72 Hours

Encounter Context

Related to Injury/Accident?

Patient Pregnant

Follow Up

PRN When 1 week(s)  For Tx:

With PCM In Clinic: ORTHOPEDIC

Comments:

Discussed

All Items Discussed

Diagnosis  Potential Side Effects

Medication(s)/Treatment(s)  Alternatives

Patient  indicated understanding

Billing and Admin

Billing Chief Complaint: 824.8 - CLOSED FRACTURE OF ANKLE

Appt Class: Outpatient

Meets Outpt Visit Criteria (Workload)? Yes

Time Factor

>50% time spent counseling or coordinating care  Total face to face or floor time in minutes: 30

Details

Encounter findings

Constitutional Symptoms

previously well  
no illness since last visit  
temperature of 101 F taken at home  
no chills  
night sweats

Respiratory

no dyspnea  
no cough

Musculoskeletal

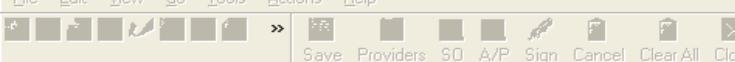
no distal right leg soft tissue swelling

OK Cancel Reset

Mgt Risk	Overall Risk
1 2 3 4	1 2 3 4

Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling



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Disposition

Sick at Home / Quarters  72 Hours

Encounter Context

Related to Injury/Accident?   Patient Pregnant

Follow Up

PRN When 1 week(s)  For Tx:   
 With PCM In Clinic: ORTHOPEDIC  
Comments:

Discussed

All Items Discussed  Diagnosis  Potential Side Effects  
 Medication(s)/Treatment(s)  Alternatives  
 Patient indicated understanding

Billing and Admin

Billing Chief Complaint: 824.8 - CLOSED FRACTURE OF ANKLE

Appt Class: Outpatient

Meets Outpt Visit Criteria (workload)? Yes

Details

Encounter findings

Body	
Family History maternal history of diabetic cataract	Family history
Past Medical History right ankle trauma with the ankle turned in a fall while running	Prior medical
history of open fracture of the right ankle	Prior medical
history of closed treatment of weight bearing distal t...	Prior medical
Social History no tobacco use	Social history
no consumption of alcohol	Social history

OK Cancel Reset

Overall Risk

Default Calculation:  99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision

With User overrides:

Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling



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  - A/P
  - Disposition

**Disposition**  
 Sick at Home / Quarters

**Encounter Context**

Related to Injury/Accident?

Patient Pregnant

**Billing and Admin**

Billing Chief Complaint: **824.8 - CLOSED FRACTURE OF ANKLE**

Appt Class: **Outpatient**

Meets Outpt Visit Criteria (Workload)? **Yes**

Calculated  Selection  Additional E&M Coding

Patient Status: **Established Patient**

Setting: **Outpatient**

Service Type: **Outpatient Visit**

**Follow Up**

PRN When **1 week(s)**  For Tx:

With PCM In Clinic: **ORTHOPEDIC**

Comments:

**Discussed**

All Items Discussed

Diagnosis  Potential Side Effects

**Details**

CMS body system	Bullets	Met
<b>Constitutional</b>	2::2	Yes
Ears, Nose, Mouth and Throat	4::6	No
Eyes	1::3	No
Female Genitourinary	0::6	No
Gastrointestinal (Abdomen)	0::5	No
Lymphatic	0::4	No
Musculoskeletal	4::26	No
Neck	1::2	No
Neurologic	1::3	No
Psychiatric	0::4	No
Respiratory	1::4	No
<b>Skin</b>	2::2	Yes

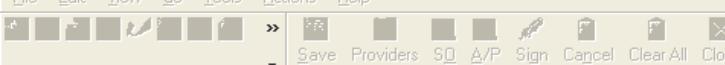
OK

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Default Calculation:  99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision

With User overrides:

- minders
- equate Calcium Counseling
- Nicotine Counseling



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- Disposition

Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling

Disposition

Sick at Home / Quarters  72 Hours

Follow Up

PRN When 1 week(s)  For Tx:

With PCM In Clinic: ORTHOPEDIC

Comments:

Encounter Context

Related to Injury/Accident?

Patient Pregnant

Discussed

All Items Discussed

Diagnosis  Potential Side Effects

Medication(s)/Treatment(s)  Alternatives

Patient  indicated understanding

Billing and Admin

Billing Chief Complaint: 824.8 - CLOSED FRACTURE OF ANKLE

Appt Class: Outpatient

Meets Outpt Visit Criteria (Workload)? Yes

Time Factor

>50% time spent counseling or coordinating care  Total face to face or floor time in minutes: 30

Calculated | Selection | Additional E&M Coding |

Patient Status: Established Patient  Exam Type: General Multi-System

Setting: Outpatient

Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Default Calculation:  99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision

With User overrides:

Details

Encounter findings	Complexity
type I diabetes mellitus	3
Raynaud's disease	2
type I diabetes mellitus	3
closed fracture of the ankle	2
Raynaud's disease	2

OK

# *Known Issues*

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- \* **AHLTA and ADM**
- \* **AHLTA Codes**
- \* **How to Resolve**

# ***AHLTA and ADM...***

- \* **We've had some growing pains**
  - **Multiple reasons**
    - **Midtier file being inappropriately placed**
    - **End User documenting injury after the date of the encounter**
    - **Link to transfer codes from AHLTA to CHCS is not always set correctly at the facility level**
    - **Codes in AHLTA do not match codes in CHCS**

# **AHLTA Codes**

---

- \* **Issues have been identified with ICD-9**
  - Incomplete codes, missing 4<sup>th</sup> and 5<sup>th</sup> digits
  - Verbiage is incorrect
- \* **Evaluation and Management Codes**
  - Calculator works great with structured documentation

# **How to Resolve**

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- \* **First Step**
  - **Gather detailed information (screen shots, reports, identifiers to locate record for research).**
- \* **Second Step**
  - **Call local help desk to log Trouble Ticket**
    - **Be prepared to give additional information and / or screenshots**
  - **Identify if it is a Patient Safety Issue**
    - **Patient safety issues expedite the Trouble Ticket process.**
- \* **Third Step**
  - **Forward patient safety issue to local users and command as informational broadcast (until it can be fixed)**



**MHS IM/IT  
Program**

# *Questions?*